month period. He said that these encounters first began in September of 1992. At that time his wife was working a 3 to 11 shift. Mr. Mullis was then responsible for caring for his son in the evening. He said that between the time his son returned from school and bedtime, there were many things to be done, including dinner, housework and chores. He said that to save time he and his son started taking baths together. Mr. Mullis needed to go to work at the 11 p.m. shift. During the bath time, he and his son would "fool around". He said that initially he had not intended to be sexual, and that the encounters started off being games. Many of the games they played in the bathtub involved using some of Travis's toys. The sexual pattern began when Mr. Mullis would assist Travis in washing his genitals. The patient said that he would grab one end of the washrag, and have his son grab the other end and rub it across the boy's genitals. While doing this, Mr. Mullis noticed that his son's penis became erect. This aroused Mr. Mullis and his penis also became erect.

Also in September, Mr. Mullis got into a habit of laying down with his son to help him go to sleep. He would lay with Travis for a few hours. Travis apparently came into Mr. Mullis' bed and would play around and not go to sleep. According to the patient, Travis told his father that his penis hurt and that he needed it rubbed. Mr. Mullis said he told the boy to get up and go into the bathroom, but the boy said that he did not want to do this. Mr. Mullis said that he became concerned and realized that these statements were not normal for a child of Travis's age. He said that his son kept insisting that he do something. Mr. Mullis said he told his son that he should rub his own penis. However, according to the patient, Travis insisted that his father kiss it. Mr. Mullis said he resisted this for a period of time. He felt uncomfortable doing so, and knew that it was not right. However, he eventually gave in and did kiss the boy's penis. He said that he knew that he should not do this. He got excited and aroused doing so, and admitted that he went too far. When pressed on this, Mr. Mullis said that he did perform oral sex on his son, and that while doing so he would masturbate himself until orgasm. He recalled that the oral sex encounters occurred on six to seven different occasions. Mr. Mullis said that he felt guilty about it and tried to fight it off, but was unable to do so. He said he wanted to tell someone, but could not. He reported that is son Travis promised him that he would not tell anyone, and that on several occasions he had asked Travis not to tell.

Mr. Mullis said that his son Travis was seeing a therapist, [redacted] for other reasons during this period of time. When asked what the reasons for the therapy were, Mr. Mullis reported that it was because Travis had been born with some medical problems and that he had initially been brought up in "poor surroundings". For the first ten and a half months of his life Travis lived with his natural mother and Mr. Mullis said that at that time his sister was not working, and that the two

lived in subsidized housing. Mr. and Mrs. Mullis apparently were concerned that Travis may have effects as a result of his initial upbringing and sent him to a therapist. The patient indicated that Travis had no symptoms, he seemed to be doing well in school and appeared to be well adjusted. He said they simply wanted to see whether Travis was okay as a result of his upbringing.

On April 1st of 1993, Mr. Mullis said that Travis told the therapist when he was leaving her office that he was having sex with his father. Apparently this therapist asked Mr. Mullis if this were true, and at that time the patient said no. The therapist then went on to have some sessions with Travis to verify what happened. Apparently, the boy told her details about the sexual encounters with his father. Mr. Mullis said that at that time he was having difficulty functioning because of his guilt and he eventually went to the therapist and told her what had happened. At that point she called Child Protective Services and then he was instructed to turn himself in to the police. Apparently the police came to Mr. Mullis's work to arrest him. He spent three days in jail until he could raise bail. Previous to this confession, Mr. Mullis said that he had hinted to his wife that things were going on, but was never really able to tell her. The patient said that once he turned himself in, he confessed the entire story to his wife. He said that initially she was shocked, but said she would support him. However, after he was arrested she stopped supporting him and has separated and threatened divorce. He said that he feels he has lost the support of most of his family and friends. Mr. Mullis said that he was indicted on these charges last week and that the case will be placed on the court docket.

In June, there was a hearing that allowed Mr. Mullis to visit with his son in supervised visitation two times per week. Apparently this was a temporary allowance, and Mr. Mullis said that there was a hearing coming up next week to see if this could continue. He said that he is able to visit with his son in the presence of his son's therapist, [redacted] He said that this therapist has recommended that the visitation continue and Mr. Mullis is confident that it will. Mr. Mullis said that he has recently begun to see [redacted], a therapist in Harford County whom Mr. Mullis said is a specialist in sexual abuse. The patient also indicated that he would like to be in group therapy.

Mr. Mullis said that he does not know what led him to be sexual with his son. He said that he was very close to his son, and cared for him every night, and that there was a strong emotional bond. He said that the sexual feelings may have developed as a result. He denied that he had any previous sexual arousal to children, and felt that he was caught off guard. He also said that his wife was not getting aroused by him and that their sexual relationship had deteriorated. He found it very devastat-

ing not to have sex with his wife and did not want to seek out other partners. He admitted that he had seen a prostitute before he was married, but did not believe in cheating on his wife. He said that he felt very vulnerable and that there was a strong need for sex, and that perhaps this is where the barrier broke down. He did not, however, seem to be projecting blame. He told us that on many occasions he tried to control his behavior. He would tell his son no, and tell himself the same thing. However, he found it hard to stick to this because the sexual feelings were so strong.

Mr. Mullis said that prior to his confession he had made up his mind to stop. Mr. Mullis said that as a result of his actions he has lost his job and his wife and realizes that he may lose his freedom. He admitted that he sometimes thinks of killing himself, but denied that he had any plan or any intention of doing so. He is concerned that his wife will divorce him and said that he would like to heal the marriage. Additionally, Mr. Mullis said that he is afraid to go out of his house because he worries about what people will think of him. He said that he was mainly aroused to adult women. However, he said prior to his marriage he did not date a lot because he was infrequently attracted to the women, and that they were rarely attracted to him. Initially, Mr. Mullis said that he would not be aroused if shown pictures of naked children during plethysmography studies. However, later he indicated that it is possible that he may show arousal to children.

MENTAL STATUS EXAMINATION: The patient is a 41 year old male with brown hair and a mustache. He was casually dressed for the interview and wore glasses. He initially expressed a great deal of anxiety, stating that he did not know whether he could talk to a woman about these issues. Early in the interview he would not describe his sexual encounters with his son. Throughout the initial parts of the interview, Mr. Mullis constantly played with his hair and his face in an anxious manner. He later relaxed somewhat and was open to questioning, and appeared to be honest. His speech was generally normal in rate, rhythm and volume, but at times he would mumble and was asked to speak up and repeat his answers. He initially had difficulty maintaining eye contact and would stare in another direction. However, this improved as the patient relaxed. He was frequently evasive with his answers early in the interview, stating such things as I might have done this, or I suspect that I did this. When pressed, he was able to admit to the behaviors. He became much less evasive as the interview progressed. He appeared to have an intact memory and could recall both recent and remote events with the exception of some of his sexual history, which may be more related to his embarrassment. He did not appear to be thought disordered. His mood appeared anxious and depressed. His affect was generally flat. He admitted to having thoughts of suicide, but denied having any plan or any intent to do so. There was no evidence of hallucina-

tions, delusions, obsessions, or compulsions. He was alert and oriented times three, and his mini-mental was 30/30.

DIAGNOSES:

Axis I — Homosexual Pedophilia of the non-exclusive type
Adjustment Disorder with depressed and anxious mood

Axis II — None

Axis III — History of hypertension, successfully treated with medications

FORMULATION AND RECOMMENDATIONS: Mr. Mullis has admitted to sexual interaction with his five year old adopted son over approximately a seven month period of time. These interactions included genital touch, and fellatio of the young boy. Mr. Mullis admits to sexual arousal while performing these sexual acts with his son. He said that during the time that he orally fellated his son he would masturbate to orgasm. Because of the admitted arousal and period of time Mr. Mullis was involved with his son, a tentative diagnosis of homosexual pedophilia has been given. The reported events matched the diagnostic criteria for such a diagnosis. However, we would recommend a penile plethysmography study to clarify the relative degree of arousal to prepubescent males. This is a test in which Mr. Mullis would observe, pictures of boys, girls, men and women while a strain gauge around his penis records the relative degree of erotic arousal present.

Mr. Mullis presents with no evidence of psychosis. There is no substance abuse history. Thus, these do not appear to have been contributory factors in his becoming sexually involved with his son. There was apparent marital discord during this period of time, particularly in relationship to sexuality. Mr. Mullis admitted to being devastated by his wife's lack of sexual interest in him, and certainly this may have been a contributing factor.

Additionally, the patient is quite depressed by these events. He has lost a job that was important to him and he is unclear about the status of his marriage. The patient admitted to having little support at the current time. Mr. Mullis is currently in treatment with [redacted] in Harford County. This appears to be a positive therapeutic relationship and we would recommend that it continue. However, in addition to this treatment, we would recommend that Mr. Mullis enter specialized sex offender group treatment in a facility such as ours to help him better develop insight into what led to this sexual abuse, as well as a means of providing support through these difficult times. Mr. Mullis was quite depressed about the possibility of his marriage ending,

and we would suggest that this become a therapeutic issue whereby Mr. Mullis address whether to approach his wife about the possibility of reconciliation and the need for couples counseling if this were mutually agreed upon. The above recommendations were discussed with Mr. Mullis and with his attorney, [redacted] si, and we are prepared to assist the patient in following up on the recommendations.

KATE THOMAS, M.S., R.N.
Associate Director

FRED S. BERLIN, M.D., Ph.D.
Associate Professor, The Johns Hopkins University,
School of Medicine
Founder, The Johns Hopkins Sexual Disorders Clinic
Director, National Institute for the Study,
Prevention and Treatment of Sexual Trauma

FSB\mr

National Institute for the Study, Prevention and Treatment of Sexual Trauma

104 E. Biddle Street
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Phone: (410) 539-1661
Fax: (410) 539-1664

Progress Note

Patient Name: Hullis, Gary

Date: 1.25.94 Off Week: _____

Pt. reports general status is adequately stable. He denies inappropriate urges / cognitions. Pt continues to seek employment w/o success. He holds mild to moderate depression. Pt. may have a mild underlying chronic depression. He has been evaluating factors related to prior molestation & his sense of inadequacy, dependency, loneliness & isolation from wife. Further, Pt. displayed a turbulent childhood & pattern of failed relationships. No other problems were presented. Will continue to follow case.

Therapist: Joseph Fuhrmaneck MA, NCC, CPC, PA.

From Staff Meeting March 1, 1994

Gary Mullis: Has hearing on 3/9/94. Is depressed and anxious about this. Joe suggested an antidepressant. Staff did not feel this would be helpful. Will be followed therapuetically.

National Institute for the Study, Prevention and Treatment of Sexual Trauma

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Fax: (410) 539-1664

Progress Note

Patient Name: GARY Mullis

Date: 3-1-94 Off Week: _____

Pt. reports general status is a lt. improved ↓ decrease in depression. Rx is not seen as necessary presently. Pt. awaits news of Parole Authority interview. He is goal oriented. Pt expressed sadness & remorse about his sexual Abuse of son. He continues to desire reconciliation ↑ the family. The hearing has been postponed until 3.30.94. Pt remains active in his church. Told Pt. if his attorney needs more assistance to contact this Dr.. No other problems were presented. Will continue to follow case.

Therapist: Joseph Fuhrmanek MA, NCC, CPC, BA.

National Institute for the Study, Prevention and Treatment of Sexual Trauma

104 E. Biddle Street
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Progress Note

Patient Name: Mollis, Gary

Date: 2·8·94 & 2·12·94 Off Week: _____

2·8·94:

P is pleased due to icy roads. To see in 1 wk.

2·12·94:

P. called this writer to discuss his legal status. His attorney ([redacted]) informed him of the judges & States Attorneys decision to sentence P. to 24 yrs. as a plea bargin agreement. P feels "shocked finding the offer unfair". The hearing is on 2·18·94.

P. presents remorse & concern for his son (the victim). He has some depression. P denies self harm ideation.

Pt. P. confer w his attorney & asked if our CTR. can be of assistance in this matter. To see on 2·15·94.

Therapist: Joseph Fuhrmaneck MA, NCC, CPC, PA.

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Progress Note

Patient Name: Mollis, Gary

Date: 2.1.94 Off Week: _____

P. reports general status is stable. He denies inappropriate urges / cognitions. P. reports a decrease in depression. He is more active in church & has been honest w/ his family about his disorder. P. has A ved to be understood & accepted. He continues to express concern for his son. Recent problems were presented. He continues to seek employment. Will continue to follow case.

Therapist: Joseph Fuhrmanek MA, NCC, CPC, PA.

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Progress Note

Patient Name: Hollis, Gary

Date: 1.18.94 Off Week: _____

RT is greased due to icy road conditions.
To see in 1WK..

Therapist: Joseph Fuhrmaneck MA, NCC, CPC, PA.

National Institute for the Study, Prevention and Treatment of Sexual Trauma

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Phone: (410) 539-1661
Fax: (410) 539-1664

Progress Note

Patient Name: Mullis, Gary

Date: 1/11/94 Off Week: _____

Pt. reports general status is adequately stable. He denies inappropriate urges/cognitions. Pt continues to look for employment w/o success. He continues to attempt increasing his understanding of his molestation of son. Pt. holds guilt, self anger, remorse & depression about same. He is also concerned for his 7y/o son as the boy blames himself for the abuse. The child is receiving therapy. Pt is continuing to see individual therapist [redacted] for support. H.W. Rec. Pt use a personal journal & write letters to son & ex-wife (for discussion only) to help him express & explore feelings etc.. No other problems were presented. Will continue to follow case.

Therapist: Joseph Fuhrmaneck MA, NCC, CPC, PA.

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Hullis, Gary

DATE: 8.24.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		Pt. reports general status is marginally stable. He denies inappropriate urges / cognitions. Pt. is depressed, anxious & fearful. He denies suicidal ideation. Primary focus remains the loss of family especially contact - concern for son (victim). Pt is also concerned about the community response if they find out his problem. He continues to struggle w/ wife re: separation issue and is consulting w/ an attorney. Pt received prior dysfunctional pattern w/ wife re: little verbal communication, no sexual contact - intimacy & an inequity in individual freedom. This is seen as one element related to his turning to his son for affection. Pt continues to hold guilt & self anger about the abuse w/ noted remorse. He continues to seek employment. No other problems were presented.
		Therapist Signature J. Luhrmann MA, NCC, CPC
		Will continue to follow case

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Mullis, Gary

DATE: 8.31.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		R.F. reports general status is stable. He denies inappropriate urges / cognitions. R.F. has experienced some situational stress this wk., but is handling same well. No major problems were presented. Will continue to follow case.
		Therapist Signature: [signature] MA, NCSC, CPC

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Mullis, Gary

DATE: 9.7.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		R. attended group session. He denies inappropriate sexual urges/cognitions. R. has experienced increased stress over the last 7 to 10 days RE ongoing conflict & strife regarding the separation & visitation issues. He further settled on the sale of their home. R reports increased depression & a fleeting suicidal cognition last wk. He denies having had a plan of action & being suicidal at present. R. has been evaluating some of the factors related to the abuse of his step daughter to include ⊖ communication & isolation in marriage. He feels guilt, sadness & finds it hard to accept he acted in this inappropriate manner. No other problems were presented. Will continue to follow care.
		Therapist Signature: J. Sullivan MA, NCC, LPC

The National Institute For The Study
Prevention and Treatment of Sexual Trauma

PATIENT NAME: Gary Mullis
DATE: 9-14-93
Group:

Weekly Patient Meeting Notes

This note is a result of the weekly patient policy meeting:

Gary Mullis: General depression with one recent fleeting suicidal ideation. Not presently suicidal. Will continue to monitor.

Sharon Lee
Clinical Coordinator

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Mullis, Gary

DATE: 9.14.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		P. reports general status is adequately stable. He denies inappropriate urges / cognitions. P. indicates a decrease in depression & no suicidal ideation. He is attempting to move beyond the separation from wife & the loss of his home & some resentment noted for ex-spouse. P. continues to hold guilt & remorse for the abuse of his son. He is frustrated as he attempts to "help his family understand his behavior". P. also shared his fear of how the community would respond to his crime (i.e. public response to [redacted] incident). He also reviewed his family hx. to include constant discord by between the parents. No other problems were presented.
		Therapist Signature J. Lubromanech MA, NCC, CPC..
		Will continue to follow case.

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Hollis, Gary

DATE: 9.21.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		Pt. reports general status is adequately stable. He denies inappropriate urges / cognitions. Pt. continues to seek employment. He was comforted to find ex-wife decided to maintain him on her ins. & not prosecute. They were married 10 yrs. Pt. hopes for future reconciliation. No other problems were presented. Will continue to follow case.
		Therapist Signature J. Luhrsmanek MA, NCC, CDC.

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Mullis, Gary

DATE: 9.28.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		Pt. reports general status is adequately stable & noted anxiety associated c A Nov. 8, 1993 trial date for his sexual abuse case. The Attorney will attempt to postpone trial. Pts. ex-wife continues platonic support & contact. Pt. has been finding support via church activities. He continues to experience guilt, shame & depression over the sexual abuse of child. Pt. has supervised visitation c victim (9 y/o son) which is "going well". No other problems were presented. Will continue to follow case.
		Therapist Signature: J. Fuhrmann MA, NCC, CPC

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Weekly Patient Meeting Notes

PATIENT NAME: Gary Mullis
DATE: 9-28-93
Group:

This note is a result of the weekly patient policy meeting:

Gary Mullis: Decreased depression this week.

Shannon Lee
Clinical Coordinator

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Hollis, Gary

DATE: 10/5/93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		Pt. reports general status is stable. He denies inappropriate urges/cognitions. Pt continues to seek employment. He is working w Attorney on trial strategy holding anxiety about same. Pt is naturally saddened by the death of a family friend last wk. He is working through issue well. No other major problems were presented. Will continue to follow case.
		Therapist Signature J. Fuhrmeister MA, NCC, CDC

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Prevention and Treatment of Sexual Trauma

PATIENT NAME: Hullis, Gary

DATE: 10-12-93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		Pt. reports general status is adequately stable. He denies inappropriate urges/cognitions. Pt is worried about his 11/8/93 court appearance. He states the DA is suggesting Pt be incarcerated for 2 MTH. Pt. shared his last loss of family & career & noted guilt for his sexual abuse of son. Pt presents as generally pessimistic (TIC). having underlying depression. He also expressed anger & wife is not "standing behind him now". It was suggested she is being as supportive as possible (see prior entries). No other problems were presented. This is a very difficult time for Gary. Will continue to follow case.
		Therapist Signature J. Gutierrez MA, NCC, CPC

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Prevention and Treatment of Sexual Trauma

PATIENT NAME: Hollis, Gary

DATE: 10/19/93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		Pt. reports general status is adequately stable & noted stress associated with forthcoming trial (11/8/93). A summary report on Pts. treatment will be forwarded to his attorney ASAP. He reviewed the Hx. of sexual abuse & sex & related factors to include a dysfunctional marriage, isolation, inadequacy / self failure & insecurity. Pt. continues to find it difficult to let go of his marriage / family. He displays guilt, shame, depression & anger & self. No other problems were presented. Will continue to follow case.
		Therapist Signature: J. Luhrmann MA, NCC, CPC, PA

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Weekly Patient Meeting Notes

PATIENT NAME: GARY MULLIS
DATE: 10-26-93
Group:

This note is a result of the weekly patient policy meeting:

Gary Mullis: Received letter from attorney requesting report from clinic on progress and recommendation on patient for court. Has court date of 11/08/93.
Joe to handle. Letter was faxed and mailed on 10/27/93.

Shannon Lee
Clinical Coordinator

The National Institute For The Study

Prevention and Treatment of Sexual Trauma

PATIENT NAME: Mullis, Gary

DATE: 10/26/93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note ☐ Off Week
		R. reports general status is Adequately stable. He denies inappropriate urges / cognitions. R. remains anxious about forthcoming trial. The report his lawyer requested will be faxed by [redacted] on 10/27/93. R. attended a religious retreat last wk. & enjoyed same. He continues to seek employment. No other problems were presented. Will continue to follow case.
		Therapist Signature: J. Fuhrmann MA, NCC, LPC, PA